Notification of Claim

OCIDENTAL grupo ageas

Policy

Branch

Current Account Nr.

Case identification number (Company)

Product:

Millennium bcp

Warning:

. While your claim is being assessed, your payment obligations must continue to be fulfilled.
- Completing this claim form in full and submitting the documents listed below are essential for a swift resolution of this process.
- Except for Home Multi-Risk claims, the documentation must be delivered at a Millennium bcp Branch or sent to the email address indicated on page 2.
- For Home Multi-Risk claims, please call +351 218 506 310 (available all business days from 8:45 a.m. to 4:45 p.m. Cost of a call to the national fixed network).

Policyholder	
Name:	

Insured person (complete in the case of personal insurance)	
Name:	
Date of Birth:	
Address:	
City/Town:	Postal Code:
Taxpayer Number:	Telephone:

Identification/Description of the Claim		
Date of the Incident:	Time:	Place of the Incident:
Damage occurred/incurred:		
Brief description of the Incident:		
Identification of Witnesses (as applicable):		
Police notification number:		Date:

Identification of the Third Party (where applicable).	
Name:	
Address:	
City/Town:	Postal Code:
Contact telephones:	

Documents to be attached to this Notification

PERSONAL ACCIDENT INSURANCE

INDEMNITY DUE TO DEATH
- Death Certificate, in which the cause of death is stated;
- Certificate of Inheritance, whenever there are no named beneficiaries. Whenever minors are involved, Certificate of full copy of birth registration;
- Autopsy report with the result of the blood toxicological analysis and Record of Occurrence, if the death derives from a road accident;
- Statement of the Transport Company that the vehicle was undertaking public transport (whenever the incident was due to a public vehicle).

INDEMNITY DUE TO PERMANENT TOTAL DISABILITY
- Medical report with the injuries suffered and degree of devaluation of the Permanent total disability attributed based on the Personal Accident devaluation table which is part of the General/Special Conditions of the Personal Accident Branch;
- Record of the Occurrence, whenever the claim is due to a road accident.

INDEMNITY DUE TO PARTIAL PERMANENT TOTAL DISABILITY
Medical report indicating:
- Injuries occurred and treatments carried out;
- Copies of the auxiliary diagnostic tests;
- Period required for recovery and existing after-effects.

TREATMENT EXPENSES
- Clinical information. Clinical Prescription and submission of Original Receipts (Pharmacy, Clinic, Hospital).

ALLOWANCE DUE TO HOSPITAL INTERNMENT
- Statement of the Hospital indicating the motive of internment and respective period;
- Original invoice/receipt.

ALLOWANCE DUE TO TEMPORARY DISABILITY
Medical report indicating:
- Injuries occurred and treatments carried out;
- Copies of the auxiliary diagnostic tests;
- Period of Absolute Temporary Disability and Final Situation;

Confirming documentation of the occurred wage reduction, in cases of Partial Temporary Disability.
For situations of Absolute Temporary Disability, confirming documentation of employment income (self-employment or as an employee).

THIRD PARTY LIABILITY
- Written and signed statement of the third party together with a copy of the identity card and indication of eyewitnesses. The “salvaged parts” of damaged objects must be kept until the claim has been settled;
- Confirming documentation of expenses (invoices/receipts) must always be originals and in the name of the Policyholder;
- The Insurer reserves the right to investigation;
- Statement of the parents/guardians accepting the responsibility of the child for the occurrence;
- Photocopy of the certificate of Registration of Ownership of the vehicle (whenever vehicles are involved);
- Statement of the third party regarding compensation received for the damage by our Policyholder.

FUNERAL EXPENSES
- Original receipt of the funeral expenses.

TRAVEL
For disappearance of baggage, in the Transport Carrier or in hotels:
- Copy of the form reporting the disappearance of the baggage to the Transport Carrier or Hotel Administration and Statement indicating the indemnified values.

For travel cancellation:
- Explanation of the episode which led to the cancellation.

In the case of robbery:
- Copy of the notification to the local police.

MULTI-RISKS, FIRE AND ROBBERY
- Budgets/Estimates;
- Copy of the Reporting to the Authorities (in case of the Theft or Robbery).

THIRD PARTY LIABILITY (including as Supplementary Coverage in Personal accident Insurance)
- Written and signed statement of the third party together with a copy of the identity card and indication of eyewitnesses. The “salvaged parts” of the damaged objects must be kept until the claim has been settled;
- Budgets/Estimates/Receipts of Expenses;
- Confirming documentation of expenses (invoices/receipts) must always be originals and in the name of the Policyholder;
- The Insurer reserves the right to investigation;
- Statement of the parents/guardians accepting the responsibility of the child for the occurrence;
- Photocopy of the certificate of Registration of Ownership of the vehicle (whenever vehicles are involved);
- Statement of the third party regarding compensation received for the damage by our Policyholder.

Email addresses for claim notifications
- Personal Accident Insurance: sinistros.acidentes.pessoais@ocidental.pt
- Multirisk Insurance (excluding Home Multirisk), Fire and Theft: sinistros.patrimoniais@ocidental.pt
- Civil Liability: sinistros.patrimoniais@ocidental.pt

Statement – To be completed by the claimer (compulsory signature)

The information provided above is correct. I authorise any Employer, Former employer, Official body or any other person to provide information to Ageas Portugal - Companhia de Seguros, S.A. about this claim.

_____ ____/_____/_____

(Place and date) (Signature)

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.

Insurance Intermediary: Banco Comercial Português, S.A., with head-office at Praça D. João I, 28, in Porto, with share capital of EUR 3,000,000,000.00, registered at the Board of Trade of Porto, under taxpayer number 501525882. Insurance Agent registered under no. 419527602, with the Insurance and Pension Funds Supervisory Authority - Registration Date: 21/01/2019. Authorization for life and non-life insurance brokerage. Information and other details of the registration can be verified at www.asf.com.pt. The Broker is not authorized to sign insurance contracts on behalf of the Insurer nor to receive insurance premiums that should be delivered to the Insurer. The Broker does not assume the coverage of the risks related to the insurance contract, which are fully undertaken by the Insurer.

OCIDENTAL grupo ageas

Insurer: Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, www.asf.com.pt.